



# ANNUAL PRODUCTION REPORT - SYNTHETIC MINOR SOURCE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 51444 (12-05) (AP-310)

## GENERAL

Name of Firm or Organization		Calendar Year	
Mailing Address	City	State	Zip Code
Permit to Operate Number	Source Unit Description	Source Unit Number	

Complete Section 1, 2 or 3 below as appropriate based on the limit specified in your Permit to Operate.

### SECTION 1 - Fuel Usage

Annual Usage of <b>Primary</b> Fuel:			
Quantity	Fuel Type		Enter the allowable fuel usage as stated in the Permit to Operate:
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____		
Annual Usage of <b>Standby</b> Fuel:			
Quantity	Fuel Type		Enter the allowable fuel usage as stated in the Permit to Operate:
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____		

### SECTION 2 - Hours of Operation

_____ Hours per Year - for unit _____	Enter the allowable hours of operation as stated in the Permit to Operate:
_____ Hours per Year - for unit _____	
_____ Hours per Year - <b>PLANT TOTAL</b>	
	<input type="checkbox"/> Per unit
	<input type="checkbox"/> Plant Total

### SECTION 3 - Throughput

<input type="checkbox"/> Tons per Year	<input type="checkbox"/> Cubic Feet per Year	Enter the allowable throughput capacity as stated in the Permit to Operate:
<input type="checkbox"/> Gallons per Year	<input type="checkbox"/> Other _____	

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to:  
North Dakota Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947  
(701)328-5188

For Agency Use Only

Verified Synthetic Minor PTO Limits:

☐ Yes

☐ No

Initials: \_\_\_\_\_

Provide additional information as necessary: